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**NAME:**

**DATE OF BIRTH:**

**TOWN AND COUNTRY OF RESIDENCE:**

**MEDICAL HISTORY AND ANY CURRENT MEDICATION:**

**PSYCHIATRIC HISTORY (IF APPLICABLE):**

**LIVING SITUATION (WHO WITH, ETC):**

**DETAILS OF PREVIOUS THERAPY:**

**SUMMARY PHRASE ON MAIN ISSUE:**

**Please note that this form must be filled in using this same font – Arial size 11. It can also be printed then handwritten and scanned back in. Please keep to the limit of 4 pages of writing about the issue (up to page 5 below after contact details are filled in on this page).**

**I look forward to communicating with you and hope that I can be of assistance! Warmest wishes, Jeni**